PATENT APPLICATI N FEE DETERMINATION RECORD Effective December 8, 2004  099/5656												7
	CLAIMS AS FILED - PART   (Column 2)								ENTITY	O.F	OTHE	R THAN ENTITY
I	TOTAL CLAIM						RATE		┐ँ	RATE		
	FOR		MUNRE	NUMBER FILED		NUMBER EXTRA		BABCE	_	OF		FEE 300.00
	TOTAL CHARGE	EABLE CLAIMS		minus 20≃		•		X3 25	_	7		
J.	NDEPENDENT	ZAIMS		minus 3 =		-		X100-		-J <sup>of</sup>	`	ļ ·
Į,	AULTIPLE DEPE	NOENT CLAIM	PRESENT				1 1-1100		+		X200-	<b> </b>
1.	If the difference in column 1 is less than zero, enter "O" in column 2							+180=		ОЯ	+360a	
	-							TOTAL			TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
ENT.		CLAMS REMARKING AFTER AMENDMENT		PREVIO PAID F	EST EER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TRONAL FEE
AMEMOMENT	Total	• 37	Minus	- 2	8	- 9		X\$ 25-	1	OR	X\$50=	450
N S	Independent	• 4	Minus	***	3	• /	ı	X100=	1	OR	X200-	200
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+180=	1	1		
		•						TOTA		OR	+360=	768
2	1-7-06	(Column 1)	A	ADDIT. FEE OR ADDIT. FEE								
AMENDMENT B	·	CLAIMS REMARKING AFTER AMERICMENT		(Colum HIGHE NUMB PREVIOL PAID R	ST ER JSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	• 37	Minus	-37		• /		X\$ 25=		OR	X\$50=	
A	Independent	NTATION OF MI	Minus	- 4		• /	r	X100=	1	OR	X200=	
┞	FIND! PRESE	t	+180=	1	OR	+360=						
											TOTAL	
_		(Column 1)		(Column	2)	Column 3)	P.L	XOIT, FEE			VDDIT, PEEL	
DMENTC		CLAIMS REMAINING . AFTER . AMENDMENT	.• ··	RIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	. 37.	Minus ·	- 37		.//	1	C\$ 25=		OR	X\$50=	
AMENI	Independent	• 4	Minus ·	9		-/	┢	(100=		Ĭ.	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	180=		OR		
• !	* If the entry in column 1 is toss than the eritry in column 2, write "If in column 3.  " If the "Highest Humber Proviously Paid For" IN THIS SPACE is toss than 20, enter "20."									OR	+360=	
-	T END THEIR NAME OF THE PARTY O	1901 Proviously Pal	d For IN THIS	SPACE In Its	ne mon	To section 17		TOTAL DIT. FEE			TOTAL DOTT. FEE	
_		per Previously Paid	(1000) Or	-nebergent)	es the h	ighast number á	britto	in the app	roprisie box	in ectu	m 1.	ł
CFOM	PTD-875 (Park 10)	040				P		nd Tradem	art Office, U.S	DEPN	TIMENT OF C	DANGERCE